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behaviour that leads to or causes preventable harm. All too often public health and government officials have failed to realise that battling the COVID-19 pandemic has as much to do with morality as it does with facts. Criticising those who, through their non-vaccination, wind up in hospitals and morgues in huge numbers, put stress on finite resources, and prolong the pandemic by permitting higher rates of viral transmission, is not stigmatising, it is deserved moral condemnation. Those who do not get vaccinated harm not only themselves but also their communities. That is inappropriate, selfish behaviour. It might be that how the condemnation is worded needs to be carefully considered to have maximum effect; however, condemning choices that increase harm to others and society is not stigma.

I declare no competing interests.

Arthur L Caplan
arthur.caplan@nyumc.org

Division of Medical Ethics, New York University
Grossman School of Medicine, New York, NY
10016, USA

1 Kampf G. COVID-19: stigmatising the unvaccinated is not justified. *Lancet* 2021; **398**: 1871.

The vaccinated proportion of people with COVID-19 needs context

We read the Correspondence by Günter Kampf¹ with surprise, as it appears to argue that the base-rate fallacy² is, in fact, not a fallacy. In the context of COVID-19 vaccines, the base-rate fallacy is often described as the illusion that vaccines are ineffective because, in highly vaccinated populations, the majority of COVID-19 cases occur among vaccinated people. For example, if a population is 99% vaccinated against a hypothetical virus and 51% of infected individuals have been vaccinated, the base-rate fallacy

(falsely) implies that the vaccine is ineffective at preventing infection. Of course, if the vaccine was truly ineffective, we would expect about 99% of infected individuals to have been vaccinated.

Kampf reports the proportions of people who were vaccinated in three groups of COVID-19 cases, but in each instance fails to report the vaccinated proportion of the total population; without such context, the proportion of people with COVID-19 who were vaccinated has little meaning. Although Kampf modified the implication of the base-rate fallacy—from vaccines are ineffective, to it is not justified to disapprove of individuals who choose not to be vaccinated—Kampf's piece still captures the essence of the base-rate fallacy. Would Kampf similarly argue that because most road deaths do not involve drunk drivers, acknowledging the harms of drink driving on public health is not justified?

We declare no competing interests.

*Sam Egger, Garry Egger
same@nswcc.org.au

The Daffodil Centre, University of Sydney and Cancer Council NSW, Sydney, NSW 2011, Australia (SE); School of Health and Human Sciences, Southern Cross University, East Lismore, NSW, Australia (GE)

- 1 Kampf G. COVID-19: stigmatising the unvaccinated is not justified. *Lancet* 2021; **398**: 1871.
- 2 Bar-Hillel M. The base-rate fallacy in probability judgments. *Acta Psychol (Amst)* 1980; **44**: 211–33.

The Global Drug Policy Index: its rationale and the role of civil society

One of our goals in creating the inaugural Global Drug Policy Index (GDPI) was to encourage debate about how to best measure and compare states' drug policies, and we therefore welcome well informed critical commentary. Although such commentary did feature in the World Report¹ (for example, Harry Sumnall

offered lucid and insightful criticism), we felt that this was not true across the piece.

Keith Humphreys offered several critiques that, to our reading, indicate a rather surface-level engagement with the GDPI itself and the wider issue of comparative indices. First, Humphreys criticised the fact that the Index ignored policy towards legal drugs. Indeed, the GDPI did not assess policies for tobacco or alcohol. It was deliberately based on UN documents concerned with controlled drugs,² policies towards which have had a drastically different effect to those for legal drugs on health and human rights. Second, the fact that Humphreys was unable to think of any good examples of indexes influencing policy has little bearing on the existence of such examples. Kelly and Simmons,³ and more than 350 subsequent articles citing their work, provide a plentiful set of examples of what has been called the quiet power of indicators.⁴

Finally, Humphreys' comments appear to miss the central role that dozens of civil society partners and organisations representing the most-affected communities from each of the 30 surveyed states had in the development of the GDPI, the generation of much of the data that drives it, and the subsequent advocacy and political engagement that will now follow.

We declare no competing interests.

*Matthew Wall, Ann Fordham,
David Bewley-Taylor
m.t.wall@swansea.ac.uk

Department of Politics, Philosophy, and International Relations and Global Drug Policy Observatory, Swansea University, Swansea SA2 8PP, UK (MW, DB-T); International Drug Policy Consortium, International Policy Network, London, UK (AF)

- 1 Thornton J. The Global Drug Policy Index: tracking national drug policies. *Lancet* 2021; **398**: 1788–89.
- 2 UN system coordination task team on the implementation of the UN system common position on drug-related matters. What we have learned over the last ten years: a summary of knowledge acquired and produced by the UN system on drug-related matters. March, 2019. https://www.unodc.org/documents/commissions/CND/2019/Contributions/UN_Entities/What_we_have_learned_over_the_last_ten_years_-_14_March_2019_-_w_signature.pdf (accessed Nov 23, 2021).



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